PrimeCare Medical, Inc./PrimeCare Medical of WV, Inc. Jall/Prison Consultation Review Form

Date of Request:

2017-09-08 11:50:57

'atlent Name:

Billups

Michael

Patient SSN:

Patient Number:

Incarceration Date:

aul161942

Patient DOB:

2017-03-04 00:00:00

Date of injury or illness if known: 1900-01-01 00:00:00

Anticipated Release Date:

1900-01-01 00:00:00

Facility Name:

Western Regional Jall

Patlent Type:

I State/DOC

Sex: Pregnancy:

М No

Injury/Illness Type

Date of Incident:

2017-07-10 00:00:00

Active Health Insurance:

No

Works Comp/Work Related Injury: No.

Veteran:

Nο

Motor Vehicle:

No

Insurance Company:

Group#;

Policy#: If Insurance Pre-Auth required:

No

Pre-existing Condition:

No

Authorization Type:

Office

Ordered Method of Transporation: Facility Van

Visit Type:

New

Requested Provider/Specialist Type; surgical evaluation

Anticipated DOS:

Routine September 2017

Physician's Assessment/Chief Complaint:

Lipoma thoracic region posteriorly that is increasingly more uncomfortable

Medical History;

no known medical hx

Current Vital Signs; Wt 189lbs.

T 97

P 95

R 18

BP 108/70

CorEMR Problems:

Alcohol Withdrawal Heroin Withdrawal Benzo Withdrawal Opiate Withdrawal CARDIAC MEDICATION REVIEW

Current Meds/Treatments/Restrictions:

Paxil - 20mg - 1 Tab [PO] By Mouth QHS - End; 2017-10-11 00:00:00

Allergies:

PCN- no tylenol

Test Results/X-Rays/EKG/Lab 1.

3.

Provider Name: Alfred Baldera Requestor Name: Susie Christian, LPN

**HSA Review Questions** 

Committed to Institution by:

Cabell County

(ie state police, parole, sheriff)

Inmate Type:

State\DOC\TPV

Charges;

1st degree robbery, armed robbery

If unsentenced, what is bail?

If sentenced, what is min release date? na From CorEMR, does inmate have insurance? Yes

If so, what?

Medicald

Has insurance been utilized?

No

Commit Date & Time?

3/3/17 0040

Release Date & Time?

Has hospitalization occurred from visit?

No

If Yes:

Name of Hospital:

WV - Hospitalized greater than 24 hrs.?

Facility Level Decision

Facility Determination: AUTO APPROVAL

Notes:

Designee Signature:

**AUTOMATIC APPROVAL** 

Date:

2017-09-08 11:54:19

Corporate URC Use Only

Consult Determination: Pending

Notes: Please have provider assess this patient and call me

Corporate Medical Director/Designee Electronic Signature:

Jennifer Mroz, PA-C, CCHP

Date:

2017-09-17 09:12:30

Authorization ID: 650801103

Return Date:

2017-09-18 08:40:33 Authorized Billing: Roberta Mottola

## Patient Note.

· · · · Michael Shawidelilups · · ·

Author: Baldera, Alfred . /:: Date: 09-19-2017 1240

Carry Access: This note is for Medical Staff only

Note: Tasked to clarify need for surgical consultation.

Mass felt to be lipoma 4cm by 4 cm with diffuse borders; non-tender and without evidence of infection.

Inmatestates it has become more timesimfortable ( if lying on side ) and would like the lesion removed:

Surgical consult needed to ascertain the lipoma diagnosis and for an opinion regarding emergent or Surgical consumments we selective removal of same.

Highlight Note7: No.

Related Problems MUSCULAR / SKELETAL (mas-

## Michael Shawn Billups

Sex; Male D Height: 6ft 0ln Agency: County Location: F1 JMS ID; aut161942

Allergles: PCN- no tylenol

## #82058

Add New Task Show All Categories			All the control of th
Fire( 09-19-2017	Perford (Created)	f request m annual dental exem ed by: Bryant, LPN, Regina at 10-04-2016 47] nodified: System, CorEMR at 10-21-2016	Update Notes  Delote Appointment - Inmate was released 10-21-2016 [System, CorEMR on 10-21-2016]
First '	At stat Consultation of the consultation of th	ole(ed by: Bryant, LPN, Regina at 09-19-2017	Completed Appointment - Called Marshall Surgery at 304-691-1200 and scheduled appointment for September [Bryant, LPN, Regina on 09-19-2017]